



EMPLOYMENT VERIFICATION FORM

Must be fully completed by Employer's Personnel/Payroll Department

Name of Employee: _____

Employer: _____

Address: _____

Phone: _____ Supervisor: _____

Start Date: ____ / ____ / ____ Stop Date: ____ / ____ / ____

WORKING SCHEDULE. (Please fill in the days and hours below).

DAYS WORKING	TIME IN	LUNCH/BREAK	TIME OUT	HOURS PER DAY
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

If the schedule is flexible:

Min. hrs/week _____ Max. hrs/week _____ Avg. hrs/week _____

Employee is paid (Please circle one): Monthly Twice a month Bi-Weekly Weekly

Salary/Hourly Rate: \$ _____ Overtime: \$ _____ Other Pay (tips, bonus, etc.): \$ _____

Comments: _____

The above information pertains to the employee's eligibility for child care services and is subject to review and verification by representatives of the State of California and PACEAPP staff.

Authorized Employer Representative Name (Print) Title

Authorized Signature Date

I verify under penalty of perjury that the above information is true and correct to the best of my knowledge. I authorize my employer to give the information requested above to PACEAPP verifying my employment and/or pending employment.

Parent Signature Print Name Date

ADMINISTRATIVE USE ONLY:

Telephone Verification Completed By: _____ Date: _____ Contacted: _____

Comments: _____